

## Foster Family Home - Corrective Action Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-6

1707 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 2/21/2019

### Foster Family Home Required Certificate

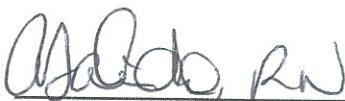
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

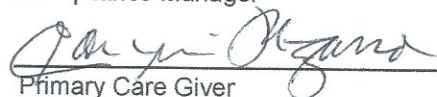
Comment:

Home visit for a 3 person CCFFH recertification review made on 2/21/2019.

6.(d)(1) - Home is in compliance with all requirements



Compliance Manager



Primary Care Giver

2/21/19  
Date

2/21/19  
Date